



2015-2016 TRS-ActiveCare HMO Rates and Benefit Changes Effective September 1, 2015

FirstCare Premium Changes

Coverage Tier	2014-2015 Premiums	2015-2016 Premiums
Employee Only	\$390.14	\$ 418.80
Employee & Spouse	\$977.76	\$1,050.44
Employee & Child(ren)	\$618.94	\$ 664.74
Employee & Family	\$987.44	\$1060.84

FirstCare Health Plans Benefit Changes

Benefit	2014 – 2015 Plan Year	2015-2016 Plan Year
Individual Out-of-Pocket Maximum	\$4,500	\$ 5,000
Family Out-of-Pocket Maximum	\$9,125	\$10,000
	(Out-of-Pocket Maximums include deductibles, medical copayments and coinsurance)	(Out-of-Pocket Maximums include medical and drug deductible, copayments and coinsurance)
PCP Office Visit – Dependents through age 19	\$20	\$0
Retail Pharmacy Benefits (Standard Drugs) 30-Day Supply	2014-2016 Plan Year	2015-2016 Plan Year
Tier I –Select Generic/ACA	NA	\$0
Tier II-Preferred Generic	\$10	\$15
Tier III-Preferred Brand Name/Non-Preferred Generic	\$30	\$40
Tier IV-Non-Preferred Brand/Non-Preferred Generic	-\$60	\$100
Tier V –Specialty/Injectables	-20%	20%
Home Delivery/Preferred Retail Pharmacy (Maintenance Drugs) 90-Day supply	2014-2015 Plan Year	2015-2016 Plan Year
Tier I – Select Generic/ACA	N/A	\$0
Tier II- Preferred Generic	\$30	\$45
Tier III- Preferred Brand Name/Non-Preferred Generic	\$90	\$120
Tier IV-Non-Preferred Brand Name/Non-Preferred Generic	\$180	\$300
Tier V –Specialty/Injectables	20%	20%

Scott & White Health Plan Premium Changes

Coverage Tier	2014-2015 Premiums	2015-2016 Premiums
Employee Only	\$ 452.80	\$ 503.60
Employee & Spouse	\$1,020.08	\$1,135.62
Employee & Child(ren)	\$ 717.32	\$ 798.30
Employee & Family	\$1,131.50	\$1,259.76

Scott & White Health Plan * Benefit Changes

Benefit	2014 - 2015 Plan Year	2015-2016 Plan Year
Individual Deductible	\$1,000	\$ 800
Family Deductible	\$3,000	\$ 2,400
Individual Out-of-Pocket Maximum	\$4,000	\$ 5,000
Family Out-of-Pocket Maximum	\$9,000	\$10,000
(Out-of-Pocket Maximums include deductibles, medical/drug copayments and coinsurance)		

Scott and White has expanded to the following counties:

Collin, Dallas, Denton, Ellis, Rockwall and Tarrant

Allegian Health Plans Premium Changes

Coverage Tier	2014-2015 Premiums	2015-2016 Premiums
Employee Only	\$400.20	\$ 413.38
Employee & Spouse	\$969.60	\$1001.88
Employee & Child(ren)	\$627.14	\$ 647.94
Employee & Family	\$989.22	\$1022.16

Valley Baptist Health Plan, Inc.* Benefit Changes

Benefit	2014 - 2015 Plan Year	2015-2016 Plan Year
Individual Out-of-Pocket Maximum	\$4,500	No major benefit changes
Family Out-of-Pocket Maximum	\$9,000	
(Out-of-Pocket Maximums include deductibles, medical/drug copayments and coinsurance)		

*Other minor benefit changes will be reflected in the Enrollment Guide and the HMO's Evidence of Coverage

